

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Before the administration of each dose, the patient should be examined for the presence of infection, and consideration given to delaying treatment should infection be present
- Caution in patients with a chronic infection, or a history of recurrent infection
- Prior to initiating therapy, patients should be evaluated for tuberculosis infection - see SPC
- **High cost item (>2,000 EURO per vial)**- take care during preparation

## Available preparations

**Stelara** 130mg per 26ml vial (5mg/ml)

## Reconstitution

Already in solution

**Dilute further prior to administration**

## Infusion fluids

Sodium chloride 0.9%

## Methods of intravenous administration

**Intermittent intravenous infusion only (using an electronically controlled infusion device)**

- Withdraw and discard a volume of infusion fluid from 250ml infusion bag that is equal to the volume of drug solution to be added
- For 130mg dose (1 vial)- remove and discard 26ml from the 250ml infusion bag
- For 260mg dose (2 vials)- remove and discard 52ml from the 250ml infusion bag
- For 390mg dose (3 vials)- remove and discard 78ml from the 250ml infusion bag
- For 520mg dose (4 vials)- remove and discard 104ml from the 250ml infusion bag
- Withdraw 26ml drug solution from each vial needed and add to the infusion bag, to end up with a total volume of 250ml
- Gently mix. Administer over 60 minutes
- An in-line 0.2 micron filter **must be used** during administration (Braun filter 0409 9303)
  - UCH: available from pharmacy
  - MPUH: available from stores

## Dose in adults

**Initial intravenous dose:** Dose as per table below (equates to approximately 6mg/kg)

Crohn's disease		
Body weight	Recommended dose (approx 6mg/kg)	Number of 130mg vials
55kg or less	260mg	2
55 to 85kg	390mg	3
over 85kg	520mg	4

### Subsequent doses

- **Following the initial intravenous dose, the treatment is continued with subcutaneous use**
- The first subcutaneous dose should be given at week 8 following the intravenous dose (a different preparation must be used for subcut route - available as a pre-filled pen)
- See SPC for further details

### Renal or hepatic impairment

- Ustekinumab has not been studied in this patient population

## Monitoring

- Levels may be monitored - see [below](#)

## Storage

Store between 2 and 8 C

Do not freeze

## References

SPC 09/03/2021

## Therapeutic classification

Immunosuppressant, monoclonal antibody